



CHANDLER FIRE DEPARTMENT

Location:
221 East Boston Street
Chandler, AZ 85225-5513

Mailing Address:
P.O. Box 4008, MS 801
Chandler, AZ 85244-4008



PERMIT FOR FIRE PROTECTION CONTRACTORS

To sell, service and/or install fire protection equipment pursuant to Chapter Chandler City Code.

APPLICANT: _____
(Individual Owner or Company Representative)

D.B.A.: _____
(Company or Vendor Name)

Business Location: _____
Street Name City State Zip

Mailing Address: _____
(If Different From Above)

Business Phone: _____ **Fax Number:** _____

TYPE OF BUSINESS:
(Check all that apply)

Retail Sales: _____
Wholesale: _____
Installation Contractor: _____
Service Contractor: _____
Other (Describe): _____

TYPE OF PRODUCTS(S) SOLD AND/OR SERVICED:
(Check all that apply)

EXTINGUISHERS:
Portable Fire Extinguishers: _____

UNDERGROUND:
Fire Line and Hydrant Installation/Repair _____

FIXED EXTINGUISHING SYSTEMS:
Automatic Fire Extinguishing Systems: _____
Water Spray: _____
Foam: _____
Wet Chemical Systems: _____
Dry Chemical Systems: _____
Standpipe & Hose Systems: _____
Halon Systems: _____
Carbon Dioxide Systems: _____

ARIZONA STATE CONTRACTOR'S LICENSE NO.
(List all and include copy of each with this application)

_____ Exp. Date _____
_____ Exp. Date _____
_____ Exp. Date _____
_____ Exp. Date _____

FIRE ALARM & DETECTION EQUIPMENT:
Single Station Home Fire Detectors: _____
Complete Manual/Automatic Fire Alarm Systems: _____
U.L. Listed Releasing Device Equipment: _____

I (we) hereby make application for a permit to provide the products and/or services described above. Pursuant to Chandler City Code and Building Code, I (we) agree to service and/or install fire protection equipment in accordance with the applicable provisions of the Fire Code and the appropriate standards of the National Fire Protection Association.

I (we) further understand that issuance of approval does not constitute recommendation of my (our) company by the City of Chandler and I (we) agree not to use such permit in said manner.

Signature of Applicant Title Date

Approved: _____ Date: _____ By: _____